

ATTACHMENT B

PHASE I

Los Angeles County
Department of Health Services
Emergency Medical Services Agency
Emergency Department Approved for Pediatrics

ADMINISTRATION

Submit curriculum vitae for the following personnel:

- Pediatric Liaison Nurse
- EDAP Medical Director
- Designated Pediatric Consultant

PERSONNEL

Submit the last three months of the following staffing schedules:

- Emergency Department physician
- Emergency Department nursing
- Pediatric on-call panel schedule

POLICIES, PROCEDURES AND PROTOCOLS

Submit the following:

- Triage and initial evaluation of the pediatric patient
- Pediatric patient safety
- Suspected child abuse and neglect
- Transfers
- Consents
- Conscious sedation of the pediatric patient
- Do-not-resuscitate (DNR)/Advanced Health Care Directive
- Death to include SIDS and the care of the grieving family
- Aeromedical transport to include landing procedure
- Daily verification of proper location and functioning of pediatric specific equipment and supplies
- Immunizations
- Child abandonment to include a recent (within 72 hours) postpartum woman without evidence of a newborn
- Family presence
- Interfacility consult and transfer agreement with a PMC
- Interfacility consult and transfer agreement with a CCS approved Level II or III NICU

QUALITY IMPROVEMENT (QI)

Submit the **EDAP QI Plan** which includes the following:

- Goal/Mission statement
- Authority and responsibilities of the EDAP Medical Director, PdLN and Pediatric Consultant
- Interface with prehospital care, emergency department, trauma*, pediatric critical care*, pediatric inpatient, and hospital wide QI activities
- Identification of the indicators, methods to collect data, results and conclusions, recognition of improvement, action(s) taken, assessment of effectiveness of above actions and communication process for participants.
- Submit your Quarterly QI reports for the following pediatric patients seen in the emergency department:
 1. Deaths
 2. Cardiopulmonary and/or respiratory arrests, including all pediatric intubations
 3. Suspected child abuse or neglect
 4. Transfers to and/or from another facility
 5. Admissions from the ED to an adult ward or ICU
 6. Selected return visits to the ED
 7. Pediatric transports within the 9-1-1 system

*if applicable to your hospital